

CRISIS STABILIZATION (YOUTH UNDER 21)

Crisis Stabilization is provided for youth who do not require hospital level of care. Services are designed to prevent or ameliorate a behavioral health crisis that may otherwise result in a youth under the age of 21 being removed from and are focused on the rapid return of the youth to their home/community environment. Crisis Stabilization staff continuously evaluate and treat the youth as well as teach, support, and assist the parent or caregiver to better understand and manage behavior that has resulted in current or previous crisis situations. Crisis Stabilization services also link the youth to other appropriate services. Crisis Stabilization services are available to a youth based on medical necessity in short-term (typically 24-48 hours and typically no more than 7 days), therapeutic staff-secure settings that provide 24-hour behavioral health care for youth in crisis. Crisis Stabilization services offer an opportunity for the family to restore safety and stability to the home environment while the youth is in a developmentally appropriate, structured, community-based therapeutic environment. Crisis Stabilization services include solution focused assessments, crisis counseling, intensive, solution focused family interventions, assisting the youth and parent(s)/caregiver(s) in developing coping and behavior management skills, and working collaboratively with any existing service providers to prepare for the youth's return to their home environment.

Crisis Stabilization is delivered in group care facilities (for youth under 18), and on adult crisis stabilization units (for youth 18-21). These are short-term therapeutic, staff-secure settings that provide 24-hour behavioral health care for youth in crisis.

****** Crisis Stabilization services are not designed for youth requiring complex changes to existing medication regimes, those youth who are at imminent risk of physical harm to self or others, or youth living in 24-hour group care settings (e.g., DMH residential, DYS detention, and secure treatment facilities).

Criteria	
Admission Criteria	<p><i>All of the following are necessary for admission to this level of care:</i></p> <ol style="list-style-type: none"> 1. The youth requires stabilization of behavioral health crisis beyond that which can be provided through the current treatment provider or Intensive Care Coordination (ICC) provider for children with ICC. 2. The youth demonstrates active symptomatology consistent with a DSM-IV-TR (AXIS I) diagnosis that during this episode requires an intensive, structured out of home intervention for a brief period of time (i.e. 24-48 hours and typically no more than 7 days). 3. The youth is experiencing emotional or behavioral problems in the home, school, or community and is not sufficiently stable to be safely and effectively treated in his/her current environment.

	<ol style="list-style-type: none"> 4. The youth demonstrates impairment in mood, thought and/or behavior in the home, school or community that indicates s/he is at risk for danger to self or others, and the youth cannot be safely maintained in the current environment or other less restrictive setting given the family's functioning. 5. The youth resides in a family home environment (e.g. foster, adopt, bio, kinship) or a group home setting and he/she has a parent/caregiver or group home director who is willing and able to actively participate in the youth's treatment and accept the youth back into that environment at the end of the crisis stabilization period. 6. Referral comes from ESP/Mobile Crisis Intervention and is accompanied by focused plan from the referral source that identifies crisis precipitant(s) and recommended solution-focused goal(s) to be addressed during the course of the Crisis Stabilization admission.
Psychosocial, Occupational, and Cultural and Linguistic Factors	<i>These factors may change the risk assessment and should be considered when making level-of-care decisions.</i>
Exclusion Criteria	<p><i>Any of the following criteria is sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 1. The child manifests behavioral and/or psychiatric symptoms that require a more intensive level of care (e.g. CBAT or IP). 2. The child manifests behavioral and/or psychiatric symptoms that require a less intensive level of care. 3. Treatment of the youth requires complicated complex changes to medications. 4. The youth is at imminent risk of causing serious physical harm to self/others. 5. The symptoms are a result of or complicated by a medical condition that warrants admission to a medical setting for treatment. 6. The child is living in 24-hour group care setting (e.g. DMH residential, DYS detention, or secure treatment).

	<p>7. The admission is sought as a transitional holding placement while waiting for more appropriate services from juvenile justice, protective/child welfare, mental health, school or housing authority.</p> <p>8. Consent for treatment is not given.</p> <p>9. The child is not returning to their current placement, and a new placement is not identified or likely to be identified in the near future, and therefore parents/caregivers from a new placement are not and will not be available to participate in the intervention.</p>
Continued Stay Criteria	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> 1. The youth is unable to maintain him/herself safely in his/her home environment because of his/her mental health condition and/or the family is unable to safely maintain the youth in his/her home environment because of the youth's mental health condition. 2. The youth's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate. 3. Progress in relation to specific symptoms or impairments is evident and can be described in objective terms but the goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident.
Discharge Criteria	<p><i>Any one of the following criteria is sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> 1. The crisis assessment and other relevant information indicate that the youth needs a more (or less) intensive level of care 2. The Crisis Stabilization provider determines that the treatment goals have been achieved and the child can safely return to the home or group home environment. An aftercare plan is in place and is expected to be able to reasonably assure service continuity and prevent exacerbation of the crisis. 3. Required consent for treatment is withdrawn and there is no court order requiring such treatment. 4. The youth, parent/caregiver is not engaged in treatment or is not following through on the treatment plan recommendations. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues.

	5. The youth's physical condition necessitates transfer to a medical facility.
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